



STATE OF MAINE
BOARD OF DENTAL PRACTICE

DATA REQUEST

REQUESTOR'S INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
COMPANY			
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()		FAX # ()	
EMAIL			
SIGNATURE		DATE	

Maine Board of Dental Practice
Data Request
Required Fees:

Office Use Only: 2637 - \$40.00 2637 - \$75.00
Check#: Amount: Cash#:

PAYMENT OPTIONS: Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:	
NAME OF CARDHOLDER (please print name on card)	
I authorize the Board of Dental Practice to charge my <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AMEX the following amount: \$_____	
Card number:	Expiration Date /
SIGNATURE	DATE

Information Requested

Please select from the following available options:

<input type="checkbox"/>	Last Name	<input type="checkbox"/>	First Name	<input type="checkbox"/>	Middle Name	<input type="checkbox"/>	Name Suffix
<input type="checkbox"/>	Professional Suffix	<input type="checkbox"/>	License Description	<input type="checkbox"/>	License Expiration Date	<input type="checkbox"/>	First License Date
<input type="checkbox"/>	Address 1	<input type="checkbox"/>	Address 2	<input type="checkbox"/>	Address 3	<input type="checkbox"/>	Address 4
<input type="checkbox"/>	City	<input type="checkbox"/>	State	<input type="checkbox"/>	Zip	<input type="checkbox"/>	County
<input type="checkbox"/>	Country	<input type="checkbox"/>	Specialty/Authority	<input type="checkbox"/>	Birth Date	<input type="checkbox"/>	License Status
<input type="checkbox"/>	E-mail Address	<input type="checkbox"/>	Fax Number	<input type="checkbox"/>	License Number	<input type="checkbox"/>	Disciplinary Action (Y/N)

License Type

Please select from the following available options:

<input type="checkbox"/>	Dentist - Cost \$75.00 (Includes: Dentists, Charitable Dentist Permit, Dental Extern, Faculty Dentist, Limited Dentist, Resident Dentist, Temporary Dentist Permits)
<input type="checkbox"/>	Dental Hygienist – Cost \$75.00 (Includes: Dental Hygienists Faculty Dental Hygiene, Temporary Dental Hygiene)
<input type="checkbox"/>	Expanded Function Dental Assistant – Cost \$40.00
<input type="checkbox"/>	Denturist – Cost \$40.00 (Includes: Denturists, Denturist Extern, Denturist Faculty, and Temporary Denturist)
<input type="checkbox"/>	Dental Radiographer – Cost \$75.00
<input type="checkbox"/>	Dental Hygiene Therapist – N/A There are currently no licensees (Includes Dental Hygiene Therapist, Dental Hygiene Therapist Provisional)
<input type="checkbox"/>	Sedation/Anesthesia Permits - \$75.00 (Including Itinerant Permits, Moderate Sedation, General Anesthesia, Deep Sedation, Site Permits)

License Status

<input type="checkbox"/>	Active	<input type="checkbox"/>	Inactive	<input type="checkbox"/>	Expired (Withdrawn/Lapsed)
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Format of Data Request

Please select from the following available options:

<input type="checkbox"/>	Excel	<input type="checkbox"/>	PDF	<input type="checkbox"/>	Mailing Labels
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Delivery Method

Please provide details of how you wish to receive the Data Request:

<input type="checkbox"/>	E-mail:	<input type="checkbox"/>	USPS:
	(Please include the e-mail address)		(Please include the mailing address)

<p style="text-align: center;">STATE OF MAINE BOARD OF DENTAL PRACTICE</p> <p>Mailing Address: 143 State House Station, Augusta, Maine 04333-0143 Courier/Delivery address: 161 Capitol Street, Augusta, Maine 04330 Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine relay 711 web: www.maine.gov/dental</p>	
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Frequently Asked Questions:

- **Where do I send my request to?** Our mailing address is 143 State House Station, Augusta, Maine 04333-0143
- **Where are you located?** 161 Capitol Street, Augusta, Maine
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **How long does it take to process an application?** Data Requests are processed within 14 - 21 business days of being received.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.